

Name _____

DOB: _____

ADULT HEALTHY HABITS SURVEY

Would you like a clearer picture of the actions and feelings that affect your overall health? Just fill out the HABIT INVENTORY. It is not difficult and there are no "right" or "wrong" answers. Just answer each statement based on what you did during the **LAST WEEK**. Afterwards you will score your own HABIT INVENTORY and figure out which habits put you in the HEALTHY ZONE

	Often	Sometimes	Rarely	Never	SECTION TOTAL
I exercise hard for 30 minutes or more on weekdays	3	2	1	0	
I spend my after school or daycare time sitting down	0	1	2	3	
I exercise with moderate intensity for an hour or more on weekend days	3	2	1	0	
I spend my weekend time sitting down	0	1	2	3	
HOW MUCH I EXERCISE					
I am bored after work	0	1	2	3	
I spend 2 or more hours a day watching TV, playing video games, on the phone or computer (screen time)	0	1	2	3	
I am busy on the weekend	3	2	1	0	
I have nothing to do on an average day when not working	0	1	2	3	
HOW ACTIVE I AM					
I use butter, margarine, mayonnaise, or oil on my food	0	1	2	3	
I eat vegetables (like lettuce, carrots, broccoli, celery, or tomatoes)	3	2	1	0	
I eat fried or oily foods (like chips, fried chicken, bacon, wings, or salami)	0	1	2	3	
I eat sweets (like ice cream, cookies, pies, or candy)	0	1	2	3	
THE TYPES OF FOODS I EAT					
I eat while watching TV	0	1	2	3	
I eat even when I am not hungry	0	1	2	3	
I eat when I am bored	0	1	2	3	
I eat when I am unhappy, sad, or angry	0	1	2	3	
MY EATING STYLE					
I currently smoke cigarettes, cigars, E-cigarettes, or hookahs	0	1	2	3	
I currently use smokeless tobacco (snuff, dip, or pouches)	0	1	2	3	
I am around secondhand smoke my home or workplace	0	1	2	3	
I consume more than 1-2 alcoholic beverages in a day	0	1	2	3	
ALCOHOL/TOBACCO EXPOSURE					
I get less than 8hours of sleep	0	1	2	3	
I take medicine to help me sleep (prescribed or over the counter)	0	1	2	3	
During the past month I have had trouble staying awake at school or when engaging in social activities	0	1	2	3	
I have trouble sleeping due to snoring, snoring loudly, trouble breathing, or restless movements	0	1	2	3	
SLEEP					
OVERALL TOTAL:					

Section Total Score

Score 0-8 : Take a closer look at these habits, improving these will improve your weight and your well-being.

Score 9-12: You are in the Healthy Zone for these habits, they help keep your weight lower and your body healthier.

Overall Total Score

Score <54: A score less than 54 means you need to make HABIT ADJUSTMENTS

Score 54-72: You are in a HEALTHY ZONE with habits. Well Done!!!

Based on these scores, your provider may recommend a nutrition referral and/or enrollment into our Health Habits Program!